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## APPLICANTS

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\*\* CONTINUING DATA *None MB*

\*\* FOREIGN APPLICATIONS *None MB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 3	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature <i>MB</i> Initials				

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## TITLE

Back massaging device

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